



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

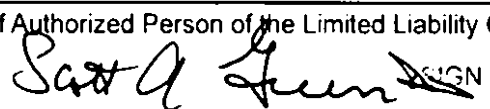
Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 30 AM 10:23

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 573612		2. Exact Name of the Limited Liability Company Pink + Green, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 901 Narragansett Parkway			
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Brian Galvin			
5. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 146 Westminster Street, 5th Floor			
City/Town Providence		State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: Ryan C. Hurley			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company			Date
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY

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